1981 - 1991

10

YEARS OF EXCELLENCE

Financial Services Marketing Corporation

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Financial Services Marketing Corporation

OPERATORS SOFTWARE MANUAL

TAXPERFECT™

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **1983**

For the year January 1-December 31, 1983, or other tax year beginning , 1983, ending , 19 OMB No 1545-0074

Use IRS label. Otherwise, please print or type.

Your first name and initial (if joint return, also give spouse's name and initial): John D. and Mary J. — Last name: Taxpayer — Your social security number: 123 45 6789

Present home address (Number and street, including apartment number, or rural route): 123 Main Street — Spouse's social security number: 987 65 4321

City, town or post office, State, and ZIP code: Your Town, Homestate 90000 — Your occupation: Salesman — Spouse's occupation: Computer Operator

Presidential Election Campaign — Do you want $1 to go to this fund? X Yes No. If joint return, does your spouse want $1 to go to this fund? X Yes No. Note: Checking "Yes" will not increase your tax or reduce your refund.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Filing Status (Check only one box)
1 — Single
2 — X — Married filing joint return (even if only one had income)
3 — Married filing separate return. Enter spouse's social security no. above and full name here.
4 — Head of household (with qualifying person). (See page 6 of Instructions.) If the qualifying person is your unmarried child but not your dependent, write child's name here.
5 — Qualifying widow(er) with dependent child (Year spouse died ▶ 19). (See page 6 of Instructions.)

Exemptions (Always check the box labeled Yourself. Check other boxes if they apply)
6a — X — Yourself — X — 65 or over — X — Blind
b — X — Spouse — X — 65 or over — Blind
c First names of your dependent children who lived with you.

d Other dependents (1) Name	(2) Relationship	(3) Number of months lived in your home	(4) Did dependent have income of $1,000 or more?	(5) Did you provide more than one-half of dependent's support?
Susan Taxpayer	Mother	12	No	Yes
Joe Taxpayer	Father	12	No	Yes

Enter number of boxes checked on 6a and b ▶ 5
Enter number of children listed on 6c ▶ 2
Enter number of other dependents ▶ 2
Add numbers entered in boxes above ▶ 9

e Total number of exemptions claimed

Income (Please attach Copy B of your Forms W-2, W-2G, and W-2P here. If you do not have a W-2, see page 5 of Instructions. Please attach check or money order here.)

7	Wages, salaries, tips, etc.		38,000
8	Interest income (also attach Schedule B if over $400 or you have any All-Savers interest)		12,000
9a	Dividends (also attach Schedule B if over $400): 9,800 — 9b Exclusion: 200		
c	Subtract line 9b from line 9a and enter the result	9c	9,600
10	Refunds of State and local income taxes, from worksheet on page 10 of Instructions (do not enter an amount unless you deducted those taxes in an earlier year—see page 10 of Instructions)	10	100
11	Alimony received	11	200
12	Business income or (loss) (attach Schedule C)	12	300
13	Capital gain or (loss) (attach Schedule D)	13	980
14	40% capital gain distributions not reported on line 13 (See page 10 of Instructions)	14	
15	Supplemental gains or (losses) (attach Form 4797)	15	300
16	Fully taxable pensions, IRA distributions, and annuities not reported on line 17	16	900
17a	Other pensions and annuities, including rollovers. Total received: 17a 800		
b	Taxable amount, if any, from worksheet on page 10 of Instructions	17b	200
18	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	18	-1,000
19	Farm income or (loss) (attach Schedule F)	19	100
20a	Unemployment compensation (insurance). Total received: 20a 100		
b	Taxable amount, if any, from worksheet on page 11 of Instructions	20b	100
21	Other income (state nature and source—see page 11 of Instructions)	21	500
22	**Total income.** Add amounts in column for lines 7 through 21	22	62,280

Adjustments to Income (See Instructions on page 11)

23	Moving expense (attach Form 3903 or 3903F)	23			
24	Employee business expenses (attach Form 2106)	24	500		
25a	IRA deduction, from the worksheet on page 12	25a	800		
b	Enter here IRA payments you made in 1984 that are included in line 25a above ▶				
26	Payments to a Keogh (H.R. 10) retirement plan	26	45		
27	Penalty on early withdrawal of savings	27	110		
28	Alimony paid	28	600		
29	Deduction for a married couple when both work (attach Schedule W)	29	375		
30	Disability income exclusion (attach Form 2440)	30	125		
31	**Total adjustments.** Add lines 23 through 30			31	2,555
32	**Adjusted gross income.** Subtract line 31 from line 22. If this line is less than $10,000, see "Earned Income Credit" (line 59) on page 16 of Instructions. If you want IRS to figure your tax, see page 3 of Instructions			32	59,725

Adjusted Gross Income

TAXPERFECT™ 1994 - EARLY EDITION 64 and 128

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THIS **TAXPERFECT** SYSTEM MASTER PROGRAM DISKETTE CONTAINS YOUR: (1). TAX-PLANNING/TAX-PROJECTION PROGRAM (REFLECTING CURRENT **1994** TAX TABLES), (2). DEPRECIATION PROGRAM. THE **1994** PROGRAM VERSION WHICH WILL PRINT THE VARIOUS **1994** TAX RETURN FORMS AND SCHEDULES WILL BE SHIPPED...**AUTOMATICALLY**...TO ALL REGISTERED **TAXPERFECT** OWNERS AS SOON AS **FINAL** IRS FORMS ARE RECEIVED AND THE CHANGES ARE MADE IN THE FINAL FILING VERSION...LATE JAN. TO EARLY FEB. SO, PLEASE BE CERTAIN TO FILL OUT AND MAIL IN YOUR OWNER SOFTWARE REGISTRATION CARD, ESPECIALLY IF YOU PURCHASED YOUR SOFTWARE FROM A DEALER. IF WE DON'T KNOW WHO YOU ARE, WE CANNOT SEND YOU YOUR **FREE** SOFTWARE UPDATE. ALSO, NEXT YEAR'S **TAXPERFECT** IS A BIG **50% OFF** TO YOU!!!!

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☐ Please send information on Software Update and Enhancement Agreement that provides you automatic system updates and enhancements.

Please send me information on

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☐ Word Processing
☐ General Ledger
☐ Accounts Receivable/Billing
☐ Accounts Payable/Check Writing
☐ Inventory Management
☐ Payroll/Check Writing
☐ Database
☐ Spread Sheet

User Name _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____

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City _____ State _____ Zip _____

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Printer Name _____ Model No. _____

System Name TaxPerfect™ Serial No. Serial No. 040199

PLEASE MAIL THIS CARD TODAY

Form 001 Rev 02/12-88 2000

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